



Policy no. 保單號碼 :

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# Health and lifestyle questionnaire (for simplified underwriting)

## 健康及生活習慣問卷(簡易核保)

Private and confidential 私人及保密文件

Name of life insured  
受保人姓名

Name of policyholder/assignee  
保單持有人/受讓人姓名

### Important notes 重要事項

- This questionnaire is only applicable where the total premium amount is within the cap under the designated product.  
此問卷只適用於當指定產品的總保費金額於上限內。
- You/your company have to disclose ALL material facts and information in this questionnaire which shall form the basis of our contract, otherwise the policy issued may be void or voidable. In the event of doubt as to whether a fact or information is material, it should be disclosed in this questionnaire. 閣下/貴公司必須在本問卷上如實地填報一切重要事實及資料，而閣下/貴公司與本公司之合約將以這些事實及資料為根據，否則已繕發之保單將告無效或被視為無效。若閣下/貴公司對事實或資料的重要性生疑，請將之披露及說明在本問卷上。
- The original of this questionnaire and supporting documents you/your company have submitted will not be returned.  
閣下/貴公司所遞交之正本問卷及所需文件將不獲退還。
- Please ensure all signature boxes are duly signed by the policyholder/assignee/authorized signor (for corporate policyholder only) and life insured (if the attained age is 18 or above).  
請確保保單持有人/受讓人/獲授權簽署人(只適用於企業保單人)及受保人(若受保人年齡為18歲或以上)已妥善簽署所有簽署位置。
- Please fill the circle in full when you/your company select the answer.  
當閣下/貴公司選擇答案時，請填滿整個圓圈。

### Section A 部 : Occupation information of the life insured 受保人之職業資料

1. Name of employer 僱主名稱																
2. Business nature 業務性質																
3. Occupation title 職位																
4. Job duties 職務																
5. Any manual work? 有否體力勞動工作?	<input type="radio"/> No 否 <input type="radio"/> Yes (Please specify) 是(請詳述) _____															
6. Any work at height? 有否高空工作?	<input type="radio"/> No 否 <input type="radio"/> Yes (Please specify) 是(請詳述) _____															
7. Office address 公司地址	<table><tr><td>Flat/Room 室/單位</td><td>Floor 樓</td><td>Block 座</td></tr><tr><td colspan="3">Name of building/estate 大廈/屋邨名稱</td></tr><tr><td colspan="3">Name of street/road 街道名稱</td></tr><tr><td colspan="2">District/City/Province 地區/城市/省</td><td>HK/KLN/NT 香港/九龍/新界</td></tr><tr><td>Country 國家</td><td colspan="2">ZIP/Postal code 郵遞區號</td></tr></table>	Flat/Room 室/單位	Floor 樓	Block 座	Name of building/estate 大廈/屋邨名稱			Name of street/road 街道名稱			District/City/Province 地區/城市/省		HK/KLN/NT 香港/九龍/新界	Country 國家	ZIP/Postal code 郵遞區號	
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District/City/Province 地區/城市/省		HK/KLN/NT 香港/九龍/新界														
Country 國家	ZIP/Postal code 郵遞區號															



## Occupation information of the life insured (continued) 受保人之職業資料 (續)

8. Office no. 公司號碼	( ) Country 國家	( ) (Country code) Phone no. (國家編號) 電話號碼
9. Average monthly income 每月平均收入	HKD 港元	per month 每月

Section B 部：Lifestyle and insurance details and health information of the life insured  
受保人之生活習慣和投保資料及健康狀況

1. Have you smoked or used any form of tobacco or nicotine product in the last 12 months? 閣下曾否在過去的 12 個月內吸煙或使用任何煙草產品或尼古丁產品？	<input type="radio"/> Yes 是	<input type="radio"/> No 否
2. Have you ever had any heart condition, stroke, cancer and/or tumor which resulted in hospitalization more than seven consecutive days and/or medical treatment received more than 14 consecutive days? In the last 12 months, have you ever had or been treated for kidney disease, liver disease and/or neurological disease? If "Yes", please provide the details in the question no. 4. 閣下曾否患有心臟問題、中風、癌症及/或腫瘤而需要住院連續超過七日及/或接受治療連續超過 14 日？ 在過去 12 個月內，閣下曾否患有或接受有關腎臟疾病、肝臟疾病及/或神經系統疾病之治療？ 如「是」，請於問題 4 提供詳情。	<input type="radio"/> Yes 是	<input type="radio"/> No 否
3. In the last 12 months, have you had any disease(s) which require examination, treatment and/or hospitalization for more than seven consecutive days? Are you currently experiencing symptom(s) that you are having/awaiting investigation and/or treatment? If "Yes", please provide the details in the question no. 4. 在過去 12 個月內，閣下曾否因任何疾病而需要接受檢查、治療及/或住院連續超過七日？ 閣下現時有否因任何病徵而需要/等待檢驗及/或接受治療？ 如「是」，請於問題 4 提供詳情。	<input type="radio"/> Yes 是	<input type="radio"/> No 否

## 4. Supplementary on health information 健康狀況之補充資料

Question no. 題號	Details of health condition including diagnosis, investigation result, treatment received and planned 健康狀況詳情包括診斷、檢驗結果、曾接受或計劃接受的治療 (Please provide the reports 請提供報告)	Onset date 病發日期 (DD 日/MM 月/YYYY 年)	Last follow up date 最後覆診日期 (DD 日/MM 月/YYYY 年)	Follow up schedule 覆診安排	Current condition and degree of recovery 現時狀況及痊癒程度	Full name and addresses of doctor/clinic/hospital 主診醫生/診所/醫院名稱及地址

Section C 部：Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")  
有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世人壽保險 (香港) 有限公司 (「本公司」) 不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及/或其所屬集團 (「蘇黎世保險集團」) 內的公司使用作為向客戶提供服務而必須的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

**Please read carefully the details of the Company's privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.**

本公司之私隱政策詳載於 [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) 或可透過掃描 QR 碼細閱。閣下亦可致電 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。

**Consent for marketing purposes - Voluntary:**

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business

## Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) (continued) 有關個人資料(私隱)條例(「私隱條例」)的客戶通知(續)

partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company’s business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料),特別是姓名、聯絡資料、年齡、性別、身分證文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等,於獲該保單持有人或受保人同意或作不反對指示後,均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務,及/或其他商業合作夥伴之相關服務,提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品,由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品,出於慈善及/或非牟利目的的捐贈或捐款)。為免疑問,就本公司不時收集或持有的所有客戶個人資料,本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示,或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder’s and insured person’s written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company’s **marketing purposes** set out above:

於獲保單持有人及受保人書面同意後,本公司方可就以下人士本身及/或就本公司的市場推廣用途,向以下於香港境內或境外的人士提供其某些個人資料(並可能收到金錢或其他財產作為回報),特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等,以供其使用:

- (1) companies within the Zurich Insurance Group;  
蘇黎世保險集團成員公司;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;  
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織;
- (3) third party reward, loyalty, co-branding or privileges program providers;  
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者;
- (4) third party marketing service providers and insurance intermediaries.  
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人/我們不同意 貴公司使用或向第三方提供本人/我們的個人資料作上列市場推廣用途。

### Section D 部 : Declaration and acknowledgement 聲明及確認

I/We, the policyholder/assignee/life Insured declare that the answers given in this questionnaire, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

本人/我們(保單持有人/受讓人/受保人)現聲明,據本人/我們所知及相信,本人/我們在本問卷提供的資料,不論是否本人/我們親筆書寫,均屬真實及完整,並會構成本人/我們這份人壽保單依據。

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. (Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.)

本人/我們明白如本人/我們隱瞞任何重要事實,這份合約可能會失效並導致損失保障。(註:重要事實指可影響本公司評估或接受閣下保險申請的事實。如閣下對任何有關資料的相關性存疑,敬請詳述。)

I/We agree to immediately inform Zurich Life Insurance (Hong Kong) Limited (“the Company”) in writing of any change to the information that I/we have provided in this questionnaire.

本人/我們同意,如本人/我們在本問卷提供的資料有任何變更,會立即以書面通知蘇黎世人壽保險(香港)有限公司(「貴公司」)。

I/We understand and consent to the Company seeking independent verification (if considered necessary) of any of the information given in this questionnaire.

本人/我們明白及同意 貴公司向獨立人士核證本問卷所載之任何資料(如認為必要者)。

I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

本人/我們特此授權蘇黎世保險集團中任何持有本人/我們個人資料的公司提供部分或全部資料予「貴公司」或其代理人。

### Section E 部 : Authorization 授權

I/We hereby authorize:

本人/我們茲授權:

1. Zurich Life Insurance (Hong Kong) Limited (“the Company”) to arrange with panel network providers to provide specified medical services to me/us (if and as applicable).

蘇黎世人壽保險(香港)有限公司(「貴公司」)為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。

2. Any organization, institution or individual that has any record or knowledge of my/our health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

任何知悉或擁有本人/我們之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人/我們診治之機構、組織或人士,向 貴公司透露有關資料,不得撤回。即使本人/我們死亡或喪失能力,此授權書仍然存在有法律效力,而本人/我們之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

## Authorization (continued) 授權 (續)

3. Any approved medical examiners or laboratories of the Company to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any claim arising therefrom.  
任何 貴公司認可之驗身醫生或化驗所，替本人/我們進行所需之醫療評估及測試，並對本人/我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜不得撤回。

I/We, the policyholder/assignee/life insured, hereby confirm, on behalf of myself/ourselves and the minor life insured (if any), that I/we understand and agree to all contents of this questionnaire, including the use or transfer of my/our personal data for the purposes as set out in the Notice to customers relating to the Personal Data (Privacy) Ordinance above.

本人/我們(保單持有人/受讓人/受保人)，現代表本人/我們及尚未成年之受保人(如有)，確認本人/我們明白及同意此申請書內的所有內容，包括 貴公司使用或向第三方提供本人/我們的個人資料作上述有關個人資料(私隱)條例的客戶通知中所列用途。

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of policyholder/assignee/authorized signor (for corporate policyholder only)

保單持有人/受讓人/獲授權簽署人(只適用於企業保單人)簽署

Signature of life insured

(if the attained age is 18 or above)  
受保人簽署(若受保人年齡為18歲或以上)

Date signed

簽署日期

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full name of licensed insurance intermediary (IA license no.)

持牌保險中介人姓名(保監牌照號碼)

Signature of licensed insurance intermediary

持牌保險中介人簽署

Date signed

簽署日期

Company name of licensed insurance intermediary

持牌保險中介人公司名稱

Company code of licensed insurance intermediary

持牌保險中介人公司編號

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

如此表格之中英文版本有任何歧異或不一致，概以英文版為準。

We may request you to provide additional documents apart from information listed above where necessary. If you have any question on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.

如有需要，除上列資料外，我們可能會要求閣下提供額外之證明文件。倘若閣下在填寫此表格時有任何疑問，請致電本公司客戶服務熱線+852 2968 2383。

